

215047718
70229

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 016	Agency Case No. B5-107395	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		(In Military Time) TIME OF ACCIDENT 1756	STATE USE ONLY	
A/2 04	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1759	11/17/2015	
B 50	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Holdrege st./N. 27th-28th st.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
			58.00	X	N. 27th st.	
V1/M 08	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 6	DRIVER LICENSE NO.	H12312915		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	CRYSTAL L SHIELD		PHONE (308) 991-0646	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 1310 AUTUMN RD, HICKMAN, NE 68372		DATE OF BIRTH (MM / DD / YYYY)	09/18/1979	
G 4	OWNER	CRYSTAL L SHIELD / NATHANIEL JOHNSON		PHONE (308) 991-0646	LOCAL NO.	
H 1	OWNER ADDRESS	CITY, STATE, ZIP 1310 Autumn Rd., Hickman, NE 68372		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB489357	
V1/O 3	LICENSE PLATE PA NO.	8C1184		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 2	VEHICLE	YEAR 2014	MAKE Toyota	MODEL PRC	BODY STYLE 4 door Sedan	COLOR white
I 1	VEHICLE ID NO. (VIN)	JTDKDTB36E1073428		INSURANCE COMPANY	National Farmers Union	
J 01	TOWED TO	6601 Telluride Dr.		TOWED BY Toyota	POLICY NO.	1PA053306
VEHICLE NO. 2						
F 6	DRIVER LICENSE NO.	G02115632		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	NANCY J HOCK		PHONE (402) 440-0933	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 430 W GODFREY CIR, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY)	01/31/1956	
J 01	OWNER	LEROY HOCK / NANCY J HOCK		PHONE (402) 440-0933	LOCAL NO.	
K 01	OWNER ADDRESS	CITY, STATE, ZIP 816 VINE, FAIRBURY, NE 68352		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q 1	LICENSE PLATE PA NO.	33G87		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR 1997	MAKE Chevrolet	MODEL TAA	BODY STYLE Medium/large	COLOR red
K 01	VEHICLE ID NO. (VIN)	1GNEK13RXVJ418218		INSURANCE COMPANY	Shelter Mutual Ins.	
TOWED TO				TOWED BY	POLICY NO.	26-1-4825504-16
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

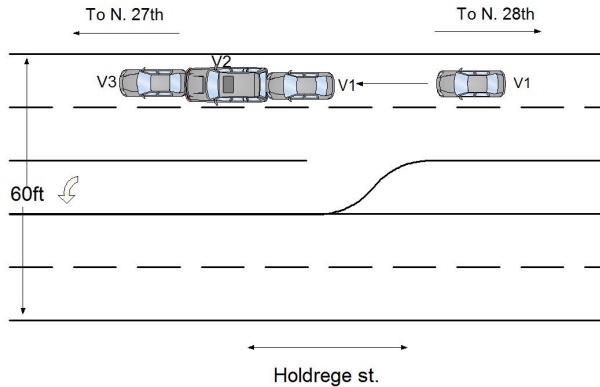
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107395

Indicate
North
by Arrow



POI
-Unable to determine POI due to vehicles moved to
different location then where accident occurred.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 (D1) said she was WB on Holdrege/N. 27th-28th in the far right (north) lane at a speed of approx. 20-25 mph. D1 said she thought vehicle #2, which was ahead of her in the same lane, had began to go forward. D1 said as she got closer she realized vehicle #2 was stopped in the traffic lane. D1 said she was unable to stop in time and her vehicle struck vehicle #2 which made vehicle #2 go forward and hit vehicle #3. Driver of vehicle #2 (D2) said she was WB on Holdrege/N. 27th-28th st. in the outside lane and stopped due to traffic ahead of her had stopped. D2 said while she was stopped her vehicle was struck from behind by vehicle #1 which then caused her vehicle to go forward and hit vehicle #3. Driver of vehicle #3(D3) said she was WB on Holdrege/N. 27th-28th in the outside lane and stopped in traffic due to traffic ahead of her was stopped. D3 said while she was stopped her vehicle was struck from behind by vehicle #2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	2	VEH 2	1	
1				X	Holdrege st.		POINT OF IMPACT	01	POINT OF IMPACT	05	1	5	2	2	Y		Y		
2				X	Holdrege st.		POINT OF IMPACT	01	POINT OF IMPACT	05					N	X	N	X	
1	01	06 Turning left		MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	1		5	2		2		Y		
2	11	08 Entering traffic lane		MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	4		5	2		2		Y		
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right			
06 Turning left				07 Making U-turn				08 Entering traffic lane				09 Leaving traffic lane				10 Parked			
09 Leaving traffic lane				10 Parked				11 Slowing or stopped in traffic				12 Other				13 Unknown			
10 Parked				11 Slowing or stopped in traffic				12 Other				13 Unknown							
11 Slowing or stopped in traffic				12 Other				13 Unknown											
12 Other				13 Unknown															
13 Unknown																			

OFFICER NO. 1288	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Chad Baehr		INVESTIGATOR SIGNATURE Approved by Officer Chad Baehr	DATE OF REPORT 11/17/2015

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District

016

Agency
Case
No.

B5-107395

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. Holdrege st./N. 27th-28th st.

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		G02068089				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER TAMARA L EMS						PHONE (402) 474-1115		LOCAL NO.			1.	
N	DRIVER ADDRESS 237 GREGORY ST, LINCOLN, NE 68521						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		10/09/1970	18	
O	OWNER DOUGLAS M EMS						PHONE (402) 474-1115		LOCAL NO.			2.	
P	OWNER ADDRESS 237 Gregorv st., Lincoln, NE 68521						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.	
Q	LICENSE PLATE PA NO.		RYS237		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	4.	
4	VEHICLE		2012		MAKE Ford		MODEL FCL		BODY STYLE 4 door Sedan		COLOR red	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 500	5.
	VEHICLE ID NO. (VIN)		1FAHP3H28CL476477						INSURANCE COMPANY Farmers Mutual				18
	TOWED TO				TOWED BY				POLICY NO. AU131963				30

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE		LOCAL NO.			1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE		LOCAL NO.			3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
	VEHICLE				MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	6.
	VEHICLE ID NO. (VIN)								INSURANCE COMPANY				
	TOWED TO				TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 1 VEH 4												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																							
3				X	Holdrege st.																							
4																												
3	11				06 Turning left				VEHICLE 3				VEHICLE 4															
4					07 Making U-turn				POINT OF IMPACT 05				POINT OF IMPACT															
					08 Entering traffic lane				MOST DAMAGED AREA 05				MOST DAMAGED AREA															
01	Essentially straight ahead				09 Leaving traffic lane				00 None				02				03				04							
02	Backing				10 Parked				09 Top & windows				01				05											
03	Changing lanes				11 Slowing or stopped in traffic				10 Undercarriage				11 Total (all areas)				08				07				06			
04	Overtaking/ Passing				12 Other				12 Other																			
05	Turning right				13 Unknown																							

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F
VEH. #	NAME				ADDRESS						Seat Position	Eject	Body Region	Injury Sev.	Trans.		
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						
VEH. #	NAME				ADDRESS												
	LOCAL NO.		MEDICAL FACILITY NAME				EMS SERVICE NAME				EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-107395

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1288		CE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Chad Baehr			Approved by Officer Chad Baehr		11/17/2015